PRAXAIR S. T. TECHNOLOGY, INC.  Law Department	30 Old Ridgebury Ro
Patent Section M1-557	Danbury, CT 06810-51
LOCAL TELEPHONE CONTACT:	
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· .	Docket No. <u>CS-21320</u>
To: Mail Stop Patent Application	
Director of the United States Paten	t and Trademark Office
P.O. Box 1450	
Alexandria, VA 22313-1450	
Transmitted herewith for filing is the UTILI	TY PATENT APPLICATION under 37 C.F.R. §1.53(b) of:
Transmitted herewith for timing is the OTIE	TITIALENT MILICIATION dide: 57 C.I.R. \$1.55(0) 01.
First Inventor Thomas A. Taylo	or
	RAMIC THERMAL SPRAY COATING
1. Cancel Claims:	_
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Filing Fee, calculated as follows:	
	ESS ANY CLAIMS CANCELLED BY AMENDMENT
	NUMBER NUMBER \$ FEE
CLAIMS AS FILED, LI	NUMBER NUMBER \$ FEE FILED EXTRA RATE RATE CODE
CLAIMS AS FILED, LI Basic fee	NUMBER NUMBER \$ \$ FEE FILED EXTRA RATE RATE CODE 750 101
CLAIMS AS FILED, LI  Basic fee Total claims	NUMBER         NUMBER         \$         FEE           FILED         EXTRA         RATE         RATE         CODE           750         101           20         -20         0         x         18         =         0         103
CLAIMS AS FILED, LI  Basic fee Total claims Independent claims	NUMBER         NUMBER         \$         FEE           FILED         EXTRA         RATE         RATE         CODE           750         101           20         -20         0         x         18         =         0         103           1         -3         0         x         84         =         0         102
CLAIMS AS FILED, LI  Basic fee Total claims Independent claims Multiple dependent claims(s) per	NUMBER         NUMBER         \$         FEE           FILED         EXTRA         RATE         RATE         CODE           750         101           20         -20         0         x         18         =         0         103           1         -3         0         x         84         =         0         102
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CLAIMS AS FILED, LI  Basic fee Total claims Independent claims Multiple dependent claims(s) per	NUMBER         NUMBER         \$         FEE           FILED         EXTRA         RATE         RATE         CODE           20         -20         0         x         18         =         0         103           1         -3         0         x         84         =         0         102           +         280         =         0         104
CLAIMS AS FILED, LI  Basic fee Total claims Independent claims Multiple dependent claims(s) per Application (if applicable)	NUMBER FILED         NUMBER EXTRA         \$ RATE         FEE CODE $20$ -20         0         x 18 = 0 103           1         -3         0         x 84 = 0 102           + 280 = 0         104   Total filing fee \$ \( \frac{750}{2} \)
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Basic fee Total claims Independent claims Multiple dependent claims(s) per Application (if applicable)  The Commissioner is hereby authorized to a Account No. 16-2440 (a duplicate copy of a.  Filing Fees required under 37.0	NUMBER FILED         NUMBER EXTRA         \$ FEE RATE         CODE           20 -20 0 x 18 = 0 103         0 x 84 = 0 102           1 -3 0 x 84 = 0 104         0 104           Total filing fee \$_750
Basic fee Total claims Independent claims Multiple dependent claims(s) per Application (if applicable)  The Commissioner is hereby authorized to content No. 16-2440 (a duplicate copy of a.  Filing Fees required under 37 Cb. Processing Fees required under	NUMBER         NUMBER         \$         FEE           FILED         EXTRA         RATE         RATE         CODE           20         -20         0         x         18         =         0         103           1         -3         0         x         84         =         0         102           +         280         =         0         104   Total filing fee \$\frac{750}{2}\$  Charge the following fees, and credit any overpayment to Deposit this Sheet is enclosed for this purpose): C.F.R. \( \frac{\$1.16}{2}\$  C.F.R. \( \frac{\$1.16}{2}\$  C.F.R. \( \frac{\$1.17}{2}\$  T.F.R. \(
Basic fee Total claims Independent claims Multiple dependent claims(s) per Application (if applicable)  The Commissioner is hereby authorized to a Account No. 16-2440 (a duplicate copy of a. Filing Fees required under 37.0	NUMBER         NUMBER         \$         FEE           FILED         EXTRA         RATE         RATE         CODE           20         -20         0         x         18         =         0         103           1         -3         0         x         84         =         0         102           +         280         =         0         104   Total filing fee \$\frac{750}{2}\$  Charge the following fees, and credit any overpayment to Deposit this Sheet is enclosed for this purpose): C.F.R. \( \frac{\$1.16}{2}\$  C.F.R. \( \frac{\$1.16}{2}\$  C.F.R. \( \frac{\$1.17}{2}\$  T.F.R. \(
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Basic fee Total claims Independent claims Multiple dependent claims(s) per Application (if applicable)  The Commissioner is hereby authorized to a Account No. 16-2440 (a duplicate copy of a.  Filing Fees required under 37 C b. Processing Fees required under c. Issue Fees required under 37 C 2.  Specification Total P 3.  Informal Formal draw	NUMBER NUMBER \$ \$ FEE FILED EXTRA RATE RATE CODE    20 -20
Basic fee Total claims Independent claims Multiple dependent claims(s) per Application (if applicable)  The Commissioner is hereby authorized to a Account No. 16-2440 (a duplicate copy of a.  Filing Fees required under 37 C b. Processing Fees required under c. Issue Fees required under 37 C 2. Specification Total Page 1.	NUMBER NUMBER \$ \$ FEE FILED EXTRA RATE RATE CODE    750

Signed statement attached deleting inventor(s) named in the prior application,

The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered to be part of the disclosure of the accompanying application and is hereby

see 37 C.F.R. §§1.63(d)(2) and 1.33(b).

Incorporation By Reference (usable if Box 4b is checked)

incorporated by reference therein.

53bpst.doc - Rev. 1/6/03

7.	Ħ	Sequence Submission.	
8.		An Assignment transmittal letter and document or Assignment in parent	
		case was recorded Reel, Frame(s)	•
<b>9</b> .	$\boxtimes$	A Power of Attorney executed by the Inventor(s), Assignee (with 37 C.F.R. 3.73(b) Statement).	
10.		English Translation.	
11.	$\square$	An Information Disclosure Statement.	
	$\overline{\boxtimes}$	A list of references (Form PTO-1449).	
	$\overline{\boxtimes}$	Copies of references.	
12.		Preliminary Amendment.	
13.	$\boxtimes$	Postcards.	
14.		Other (specify).	
	•	·	_
15.		end the specification by inserting before the first line, the sentence:	
		is is a Continuation Division Continuation-in-Part of prior	
	U.S.	. Application(s) No Filing Date: and which in turn is a	
		of Application No	
	Filin	ng Date"	
	$\Box$		
16.		Prior application information: Examiner Group Art Unit	
17	Clai	im for Priority Under 35 U.S.C. 120:	
17.	Cian	The benefit under 35 U.S.C. 120:  The benefit under 35 U.S.C. 120 is hereby claimed from the United States application(s) identified	.1
	ш	in Box 15 above.	J .
		III DOX 13 above.	
18	Clair	im for Priority Under 35 U.S.C. 119:	
10.		The benefit of priority under 35 U.S.C. 119 is hereby claimed from the following foreign applications	ion(e)·
	Ш	The benefit of priority under 55 closes. T15 is hereby claimed from the following follogic appricati	1011(3).
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	$\Box$		
		Certified copy of Priority Document(s).	
		Certified copy of Priority Document(s).	
19.	Plea		
19.	Plea	Certified copy of Priority Document(s).  ase address all correspondence in connection with this application to:	
19.	Plea		
19.	Plea	ase address all correspondence in connection with this application to:	
19.	Plea	ase address all correspondence in connection with this application to:  PRAXAIR, INC.	
19.	Plea	PRAXAIR, INC.  LAW DEPT - M1557	
19.	Plea	PRAXAIR, INC.  LAW DEPT - M1557  39 OLD RIDGEBURY ROAD	
19.	Plea	PRAXAIR, INC.  LAW DEPT - M1557  39 OLD RIDGEBURY ROAD  DANBURY, CT 06810-5113	
19.	Plea	PRAXAIR, INC. LAW DEPT - M1557 39 OLD RIDGEBURY ROAD DANBURY, CT 06810-5113 Telephone (203) 837-2292	
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19.	Plea	PRAXAIR, INC. LAW DEPT - M1557 39 OLD RIDGEBURY ROAD DANBURY, CT 06810-5113 Telephone (203) 837-2292 Fax (203) 837-2545 Attorney's Name: Gerald L. Coon	*
19.	Plea	PRAXAIR, INC. LAW DEPT - M1557 39 OLD RIDGEBURY ROAD DANBURY, CT 06810-5113 Telephone (203) 837-2545 Fax (203) 837-2545	4
		PRAXAIR, INC. LAW DEPT - M1557 39 OLD RIDGEBURY ROAD DANBURY, CT 06810-5113 Telephone (203) 837-2292 Fax (203) 837-2545 Attorney's Name: Gerald L. Coon Reg. No. 29910	
		PRAXAIR, INC. LAW DEPT - M1557 39 OLD RIDGEBURY ROAD DANBURY, CT 06810-5113 Telephone (203) 837-2292 Fax (203) 837-2545 Attorney's Name: Gerald L. Coon	*
Dat	ed: _	PRAXAIR, INC. LAW DEPT - M1557 39 OLD RIDGEBURY ROAD DANBURY, CT 06810-5113 Telephone (203) 837-2292 Fax (203) 837-2545  Attorney's Name: Gerald L. Coon Reg. No. 29910	
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